

Introduction

Telehealth in Michigan is a comprehensive collection of data that has been produced in partnership with the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI), the Michigan Health Endowment Fund, and the Ethel and James Flinn Foundation. The data book aims to offer policymakers and other interested parties insights regarding the impact of telehealth on healthcare access for Michigan residents.

The Telehealth Research Incubator lab is a signature initiative of the Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan (U-M). IHPI is the largest consortium of health services researchers in the nation. Since its establishment in 2018, the Telehealth Research Incubator lab has been dedicated to conducting policy research on the impact of telehealth on healthcare access, quality, and costs. Spearheading this project and the Telehealth Research Incubator lab is Dr. Chad Ellimoottil, whose research specialization revolves around the use of insurance claims for telehealth policy assessment. Dr. Ellimoottil's telehealth research receives funding through the Agency for Healthcare Research and Quality.

Dr. Ellimoottil's experience in telehealth extends beyond his telehealth policy research; he is also the Medical Director of Virtual Care for the University of Michigan Medical Group. In this capacity, he oversees the strategy and execution of virtual care services in all medical specialties, which includes 350,000 virtual visits annually. He has been invited to speak as a subject matter expert in various public and private settings, such as the U.S. Department of Health and Human Services, the Medicare Administrative Contractors meeting, National Public Radio (NPR), and Freakonomics Radio. Moreover, he has firsthand experience using virtual care to treat his patients.

To learn more about a particular analysis featured in this data book, please do not hesitate to contact Dr. Ellimoottil.

Sincerely,



Chad Ellimoottil, MD, MS

Principal Investigator

cellimoo@med.umich.edu

Key Takeaways and Policy Considerations

Telehealth Use Trends Among Medicare, Medicaid, and Commercially-Insured Individuals

Key Takeaways

- During the early stages of the COVID-19 pandemic, there was a significant surge in telehealth usage among Medicare, Medicaid, and commercially-insured patients. However, since then, the proportion of telehealth visits has gradually declined and currently stands at approximately 11%, 13%, and 17% of all outpatient evaluation and management visits for Medicare, Medicaid, and commercially-insured patients, respectively.
- Notably, the overall volume of outpatient visits remained steady, comparable to pre-pandemic levels, indicating that telehealth predominantly substituted for in-person care.

Policy Considerations

- Telehealth continues to play a crucial role in providing healthcare services to patients in Michigan.
- The concern about telehealth being overused can be alleviated by evidence that the overall volume of outpatient visits has remained stable.

The Effect of Telehealth Expansion on Usage in Rural and Non-Rural Michigan Counties

Key Takeaway

- Although telehealth policies like the originating site requirement were initially established to promote telehealth adoption in rural areas, the relaxation of this geography-specific policy (which allowed patients to access telehealth services from their homes) resulted in increased telehealth utilization in both urban and rural areas.

Policy Considerations

- Permanently expanding the list of originating sites to include the patient's home will support telehealth adoption in rural areas.
- Limiting telehealth services to rural regions would significantly impede its usage outside of these areas.

The Relationship between Telehealth Utilization and Broadband Access in Michigan

Key Takeaways

- The percentage of households with broadband internet subscriptions in Michigan counties ranged from 72% to 92%.
- There was a positive correlation between broadband access and higher utilization of telehealth services.

Policy Consideration

- Targeted policies designed to increase broadband internet access in counties with a low percentage of households subscribing to broadband, such as Lake County, Oscoda County, and Iron County, could potentially improve telehealth utilization in those areas.

Demographic Characteristics of Telehealth Users and Non-Users

Key Takeaway

- Telehealth usage was more prevalent among beneficiaries who were under 65 years old, female, dual-eligible for Medicaid, and resided in non-rural areas.

Policy Considerations

- Although there are slight variations in telehealth usage rates among different demographics, it is crucial to acknowledge that telehealth is widely used across all age groups, genders, races/ethnicities, rural/urban locations, and income levels.
- While we did not examine the breakdown of telehealth modality usage (e.g., video vs phone visits) in this study, our previous research suggests that discontinuation of insurance coverage for phone visits may reduce telehealth access for patients who are older, African-American, need an interpreter, rely on Medicaid, and reside in regions with limited broadband access.

The Influence of Licensure Waivers on Telehealth Services Provided Across State Lines

Key Takeaways

- In 2020, when medical licensing rules were eased to permit out-of-state clinicians to conduct telehealth visits with Michigan residents, interstate telehealth constituted only 0.47% of all evaluation and management visits and 3% of telehealth visits in Michigan.
- 49% of out-of-state visits involved Michigan residents receiving care from clinicians practicing in neighboring states such as Illinois, Indiana, Minnesota, Ohio, and Wisconsin.
- 28% of out-of-state visits took place between Michigan residents and clinicians practicing in Florida.

Policy Consideration

- While the overall utilization of interstate telehealth remains low for Michigan residents, the most effective approach to facilitating their access to out-of-state clinicians is to prioritize medical licensing reciprocity agreements with neighboring states and Florida, where Michigan snowbirds may have established healthcare providers.

Telehealth Usage by Federally Qualified Health Centers and Rural Health Clinics

Key Takeaway

- The top ten Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), identified as having the highest volume of Medicare claims, provided a median of 13% and 9% of their visits via telehealth in 2020, respectively.

Policy Consideration

- Telehealth is an important part of care delivery for FQHCs and RHCs in Michigan

The Impact of Telehealth Expansion on Access to Behavioral Health Services*Key Takeaways*

- Using two methods to assess prevalence, we found that approximately 1 in 5 individuals in Michigan have a behavioral health/mental health condition.
- Behavioral health specialist shortages are prevalent in many Michigan counties. In fact, 50% of counties have 10 or fewer specialists, and 20% have either one or none at all.
- In 2021, telehealth services accounted for 46% of all behavioral healthcare provided to Medicare beneficiaries residing in Michigan counties with high demand for these services.
- Among Medicaid beneficiaries residing in Michigan counties with high demand for behavioral healthcare, 52% received their treatment via telehealth in 2021.
- In 2021, 82% of behavioral healthcare delivered to Medicare patients living in areas with shortages of behavioral health specialists came from professionals located in a different county. Furthermore, 47% of visits to these specialists were conducted via telehealth.

Policy Consideration

- Telehealth expansion has undeniably enhanced access to behavioral health services in two significant ways. First, it has provided a means of delivering care to areas in Michigan with a high demand for behavioral health services. Second, it has extended access to counties where there are shortages of behavioral health providers, bringing these much-needed services to underserved communities.